MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-030479

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7885 STATE FILE NUMBER

FILED AUG 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: LUTHERAN Hosp
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: ST. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3431 IOWA
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LILLIAN Middle EDITH Last SCHEID
4. DATE OF DEATH: Month AUGUST Day 2 Year 1963
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JAN 14 1900
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GUARD
10b. KIND OF BUSINESS OR INDUSTRY: BUSCH BREWERY
11. BIRTHPLACE (City and state or country): Mo
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: ANTON CIZEK
13b. MOTHER'S MAIDEN NAME: ANNA SANDUSKY
14. NAME OF HUSBAND OR WIFE: JOSEPH J. SCHEID
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No
16. SOCIAL SECURITY NO.
17. INFORMANT: JOSEPH J. SCHEID Address: 3431 IOWA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Massive liver Metastases — 6 mo
DUE TO (c): Adenocarcinoma of the (L) breast — 18 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 170+

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/14/62 to 8/2/63 and last saw her/him alive on 8/1/62
Death occurred at 5:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Keith S. Lyles, MD.
22b. ADDRESS: 3701 Grandel Sq St. Louis 8
22c. DATE SIGNED: 8/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: Aug 5, 1963
23c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEM.
23d. LOCATION (City, town, or county) (State): ST LOUIS Co. Mo

24. FUNERAL DIRECTOR: Thomas Kurtis ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: AUG 2 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Mary K Peyton

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Rovine

Licensed Embalmer No. 3403

P. O. Address 2906 Glenn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.